

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | |
|--|---|--|----------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR NICKNAME | FIRST LAST | MI SUFFIX |
| | mr MICHAEL mike LEASE | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 314 DREXEL DR GRAPEVINE, TX 76051 | | |
| | AREA CODE PHONE NUMBER EXTENSION (817) 442 0860 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | MS / MRS / MR NICKNAME | FIRST LAST | MI SUFFIX |
| | mr THOMAS Tom KOR MANDY | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1915 BIG BEND DR GRAPEVINE, TX 76051 | | |
| | AREA CODE PHONE NUMBER EXTENSION (817) 488-6413 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 4 / 2 / 13 5 / 1 / 13 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 5 / 11 / 13 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) city Council Place 3 | | |
| 13 OFFICE SOUGHT (if known) | city Council Place 3 | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME MICHAEL LEASE **15 ACCOUNT # (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☒ **GENERAL**

☐ **SPECIFIC**

COMMITTEE NAME
JAE METER TEX ASSOCIATION OF REALTORS

COMMITTEE ADDRESS
8201 N. STEMMONS Fwy
DALLAS, TX 75247

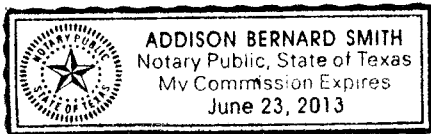
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS
8201 N. STEMMONS Fwy
DALLAS, TX 75247

☒ **additional pages**

| | | |
|--------------------------------|---|------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 1020.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3470.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 3470.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Michael Lease
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Lease, this the 3 day, of May, 20 13, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2 of 2

14 C/OH NAME

MICHAEL LEASE

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

HAMMER AND NAILS CLUB

☒ GENERAL☐ SPECIFIC

COMMITTEE ADDRESS

7001 BOULEVARD 26, STE 323
FORT WORTH, TX 76180

COMMITTEE CAMPAIGN TREASURER NAME

C RICHARD DAVIS

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

7001 BOULEVARD 26, STE 323
FORT WORTH, TX 7618017 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME -

MICHAEL LEASE

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/3/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

CHUCK BULTMANN

6 Contributor address; City; State; Zip Code

4900 WILLOWOOD CT
COLLEYVILLE, TX 760347 Amount of
contribution (\$)

\$100 -

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

BUSINESS OWNER

10 Employer (See Instructions)

Date

4/11/13

Full name of contributor

☐ out-of-state PAC (ID#)

DUSTIN PARKER

Contributor address; City; State; Zip Code

1241 VALLEY VISTA DE
GRAPEVINE, TX 76051Amount of
contribution (\$)

\$500 -

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

Date

4/19/13

Full name of contributor

☐ out-of-state PAC (ID#)

PHIL PARKER

Contributor address; City; State; Zip Code

326 PEBBLEBROOK DR
GRAPEVINE, TX 76051Amount of
contribution (\$)

\$200 -

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

4/24/13

Full name of contributor

☐ out-of-state PAC (ID#)

BOB BARRAS

Contributor address; City; State; Zip Code

3735 LRAE WOODS #151
GRAPEVINE, TX 76051Amount of
contribution (\$)

\$200 -

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

5/1/13

Full name of contributor

☐ out-of-state PAC (ID#)

JOHN & SHERRY PICHLER

Contributor address; City; State; Zip Code

805 SHADOW GLEN DR
SOUTH LAKE, TX 76092Amount of
contribution (\$)

\$100 -

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

MICHAEL LEASE

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/1/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

JERRY & BARBARA BOYLE

6 Contributor address; City; State; Zip Code

3301 WESTOVER CT
GRAPEVINE, TX 760517 Amount of
contribution (\$)

\$ 250.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/20/13

Full name of contributor

☐ out-of-state PAC (ID#)

METRO TEX ASSOCIATION OF REALTORS

Contributor address; City; State; Zip Code

8201 N. STEMMONS TRWY
DALLAS, TX 75247Amount of
contribution (\$)

\$ 1,000.-

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

* PAC REPORTED ON FORM C/OH PG 2

Date

4/16/13

Full name of contributor

☐ out-of-state PAC (ID#)

HAMMER & NAILS CLUB

Contributor address; City; State; Zip Code

7001 BOULEVARD 26, STE 323
FORT WORTH, TX 76180Amount of
contribution (\$)

\$ 100.-

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

* PAC REPORTED ON FORM C/OH PG 2

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.